MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) L. PLACE OF DEATH b. COUNTY Queen Anne's o. COUNTY Queen Anne's County o. STATE Waryland MARYLAND ote Department c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ch of Tiller Maryland Lifetime Church Hill. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e Stote Del 72 hours At His Home YES NO 7 in Item 18. Give Poges haurs after death. Office along with 3. NAME OF First Middle Lost 4. DATE Month OF DEATH the DECEASED R. Bulker Sr. 20 1967 William event within (Type or print) ond 2-with S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X 9. AGE (In years NEVER MARRIED lost birthdoy) [a]e Colored WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Various UCOUNTRYA Maryland Ony to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOLHER'S MAIDEN NAME ba executed within in pencil 16 SOCIAL SECURITY NO 17. INFORMANT 218-20-7346Mr. William Bulter Jr. CENTREVILLE md (Yes, no, or unknown) (If yes give wor or dates of service) pending" 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Artrosclertic Cardio 0 IMMEDIATE CAUSE (o) writing the word This certificate should cremation, Vascular disease DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse farwarded 90 burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION the certificate. NO P pe prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ogent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge of work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 17 Inquiry L and in my opinion deoth resulted from: Noturol couses Accident Suicide Homicide Undetermined monner funeral director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER

VR A15ME (5)

0

Heolth or

EXAMINER'S

NAME (Type)

230 BURIAL, CREMATION

24. FUNERAL DIRECTOR

Chestertown, Md.

23c. NAME OF CEMETERY OR CREMATORY

Bethel A.M.E.Cem.

Rodney Layton

23b DATE THEREOF

23d. LOCATION (City or Town) Queen

Address (Street, city, town, or county)

25

Centreville.Md.

Anne's County . Md. 25b. REGISTRAR'S SIGNATURE

Charles Indae

6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CENTERCATE OF BEATH

CERTIFICATE OF DEATH

10069

I. PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lived, if institut	tion: Residence bel	fare admission)		
a. COUNTY	Queen Anne	MARYLAND	o. STATE Maryland b. COUNTY Queen Anne					
b. CITY OR TOWN	(If outside carparate limits.	c. LENGTH OF STAY IN 1b		de carparate limits, write RU	RAL and give near	rest tawn)		
Write KURAL a	d give necrest town) Grasonville		Graso	nville	17	.1		
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS			e IS RESIDENCE		
Chest	er River Drive		Ches	ter River Dr	ive	ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	JOHN A	ANDREW BYRNE	Last	4. DATE Mon OF DEATH	JULY D	27, Year 67		
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Days			
Male	White wide	OWED DIVORCED	10/4/11	las birthday)	mattins Days	nouis min.		
during most of working		10b. KIND OF BUSINESS OR INDUSTRY W.T. Cowan Co.	11. BIRTHPLACE (County & S		12. CITIZEN COUNTRY			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA					
Andrew	Byrne		Mare	aret Sommers				
15. WAS DECEASED EN	/ER IN U.S. ARMED FORCES?		INFORMANT			id. 21230		
Yes	(If yes give war ar dates af service	45 213-03-0236	Mr. Robert D.		Harman			
	DEATH (Enter only one cause per li					NTERVAL BETWEEN		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEUMONIA				ONSET AND DEATH		
162	DUE TO	0		CEREBR	AL .	7 11		
Canditions, if an	y, which gove) (b) (5	RONCHOGENIC CA	RCINOMAWI	ITH METAST	ASES	1 months		
rise to immedia	ote cause (a), DUE TO							
lost.	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(o)		9. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	rt I ar Part II af item 18.)				
20c. TIME OF IN	kfft.		CE OF INJURY (Hame, farm, tary, street, office bldg., etc.)	20f. (City or town)	(Caunty)	(State)		
saw the	deceased alive on 7-7	attended the deceased fram 5	1 death accurred at 9	37, to 7-77 STAM, from causes		that (I) (we) las ate stated above		
220. SIGNATUR	(July	M.	D. PHYS. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIG	GNED 7 - 6 7		
22c. PHYSICIAN NAME (Typ		E. LIBBY	GRA-SON	VILLE A	4D. Z	1638		
23a. BURIAL, CREMAI REMOVAL (Speci	fu)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	iwn) (Caun			
Burial	17/31/67	Loudon Park		Baltimore	Monda	Qued Md.		
			250. REGIDA	Y RIGITRAR 96 25b. 9	LOISTRAK S'SIGNAL	0		
24. FUNERAL DIRECT	OR	ADDRESS 7 Wilkens Ave. 21	25a. REC'D 8	10.00	LEISTRAK S'SIERIM			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely timed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10068

CERTIFICATE OF DEATH

10070

1.	PLACE OF DEATH			(Where deceased lived, if		ce befare admission)
	a county Queen Anne	MARYLAND	o. STATE	d.	b. COUNTY Que	en Anne
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give	neorest town)
	write RURAL and give nearest tawn) Rural Queenstown		One	eenstown	Rural	12.1
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street oddress)	d. STREET ADDRESS	3 044E3 00 1141	1102 01	e. IS RESIDENCE
						ON A FARM? YES NO NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year
	(Type or print) Margaret	(ross	DEATH	July	I8 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In start birth		Doys Hours Min.
	Female Negro WIDOWED	DIVORCED .	July IO.	I9In 57	yrs.	Days Hours Hills.
	b. USUAL OCCUPATION (Give kind of work done 10b. Ki	IND OF BUSINESS OR		ly & State, or foreign countr		IZEN OF WHAT UNTRY?
uu	Leborer	1003 IKT	Queen	Anne N	Id.	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN			
	David Clark		Mary	Smith		
		SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(1	es, no, or unknown) (If yes give wor or dates of service) 23	[5-20-0I52]	Junior (Gross-Quee	nstown	Md.
	18. CAUSE OF DEATH (Enter only one cause per line for					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	A D. A. L. as DOLLEY	. I Harris			ONSET AND DEATH
	174X IMMEDIATE CAUSE (a)	Carrier .	TANK IN	0		7000
	Conditions, if any, which gave	Not the C	4 - 4 / 44/104/4	Inteling to	nes lung.	6 mas.
	rise to immediate couse (a),	· WARRANCE I	avvvvv	VIVAL	1	77.00
	stating the underlying cause (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH DUT NOT PELATED TO	THE TERMINAL DICEASE FO	ONDITION CIVEN IN PART	1(a)	19. WAS AUTOPSY
S	TAKT II. OTTLK SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH DOT NOT KEEKIED TO	THE TERMINAL DISEASE CO	DIADITION OTTEN IN TAKE	1(0)	PERFORMED?
CAT	an according to the property of the property o	recours many william acculance	15	B + C + B + D + CS	10.)	AEZ NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury ii	a Part I or Part II of item	18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Haur o.m. While		CE OF INJURY (Home, fai lory, street, office bldg., et		own) (Cau	inty) (State)
×	p.m. 19 at worl		a a a a a a a a a a a a a a a a a a a			
	21. I certify that (I) (this hospital) attend		Jeely ,	The second secon	+18 , 19 <u>6</u>	\mathcal{I} , that (I) $()$ lost
	saw the deceased alive an July	19 <u>67</u> , and tha	t death accurred a	it <u>3 f</u> M, from d	buses and on th	ne date stated obove
	220. SIGNATURE	_/ /	ATTENDING	MED STAF		ITE SIGNED
	June 1. Kmil	Us In M.	D. PHYS.	DIRECTOR PHYS		12/167
	122c. PHYSICIAN'S NAME (Type) John R. Sn	nith , Jr.	22d. ADDRESS	treville,	Maryl	and
23	o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (Gi	(v or Town)	(Coun Md (State)
	Burial 7-22-I967	Grasonvil		-		ueen Anne
2	4. FUNERAL DIRECTOR	ADDRESS		CD BY REGISTRAR	25b. REGISTRAR'S SI	
	G H Deshiell East		DATE 4			eles Jusque

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by this haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haun, after death. VR A15 (4) 25M 1/67

A Design of DESTRUCTION OF REST de loss films 111 F 216E - Smith bear made in the - I have been a second and the Propries to the Table 1 191 his

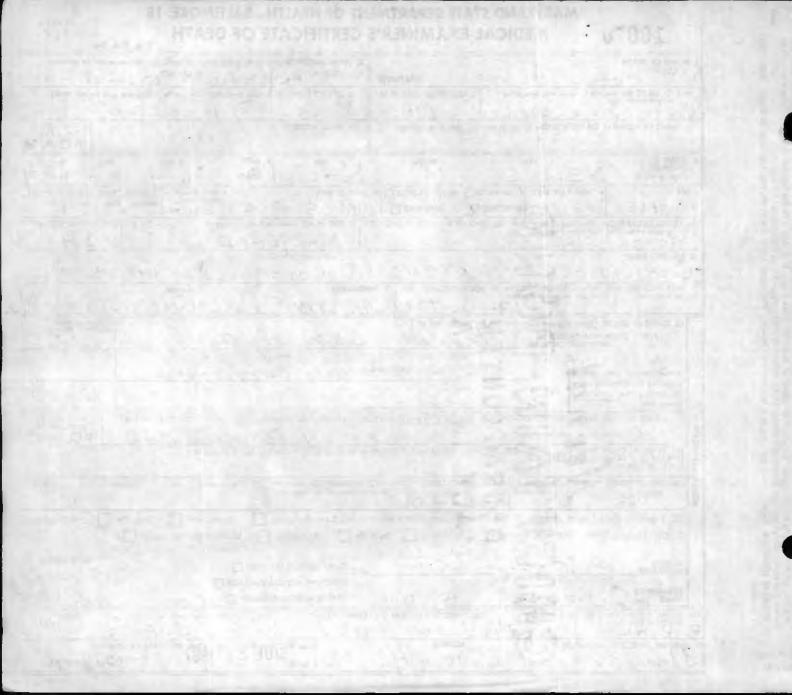
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth. TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> AIS (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10069 CERTIFICATE OF DEATH

10000		~~~~
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If in	
Queen Anne MARYLAND	a. STATE Maryland b. COU	NTY Kent
	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give nearest town)
write RURAL and give nearest town)		
Sudlersville, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Lynch Lifeti	me // e. IS RESIDENCE
	G. STREET ADDRESS	ON A FARM?
Kitty's Nursing Home (2 weeks)		YES NOXX
3. NAME DF First Middle DCCEASED (Type or print) Mary E. HEPBURN	Last 4. DATE Mont	
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED 8	3/23/1890 76 yrs.	Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign countr	y) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Kent Co. Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
James Thomas Hepburn	Lorena Booker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addre	53
(Yes, no, or unkown) (If yes give war or dates of service)	Harrital Basanda C	houtout arm Md
no 217 36 0758 A	Hospital Records C	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	017	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nyocaidial	Infaction	+ days
HACI DUE TO MILL A L.	611 1 - 1 1/	1 5 11
Conditions, If any, which } (b) Urterescurstic	- Appellenser lardes Vasc	ulen grans
gave rise to immediate	11 2000	earn /
cause (a), stating the DDE TO / underlying cause last.	,	
	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PARTI(a) 19. WAS AUTOPSY
		PERFORMED?
20a, ACCIDENT WAS UNDERLYING 1 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II	
B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	man (and money or injury in the control of the control	110/11 20/
C Inches	E OF INJURY (Home, farm, 20f. (City or town) y, street, office bidg., etc.)	(County) (State)
Hour a.m., While Not While at work	y, 511001, 011100010B.j 0101/	
21. I certify that (I) (this hospital) attended the deceased from	ene 92 1967 to July of	1967, that (I) (we) last
saw the deceased alive on 1967, and that		and on the date stated above.
22a. SIGNATURE	death occurred at	1 22b. DATE SIGNED
	ATTENDING MED. STAFF	July 4, 1967
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 1	July 4, 1707
NAME (Type) John R. Smith, Jr.	Centreville, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		
Burial 7/6/67 Still Pond	Cemetery Still Pon	d, Md.
24. FUNERAL DIRECTOR ADDRESS		EGISTS R'S TGNATURE.
Chestertown	1, Md. JUL 6 1961	0 0
1.0000	I DATE	

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FOR STATE HEALTH DEPT.

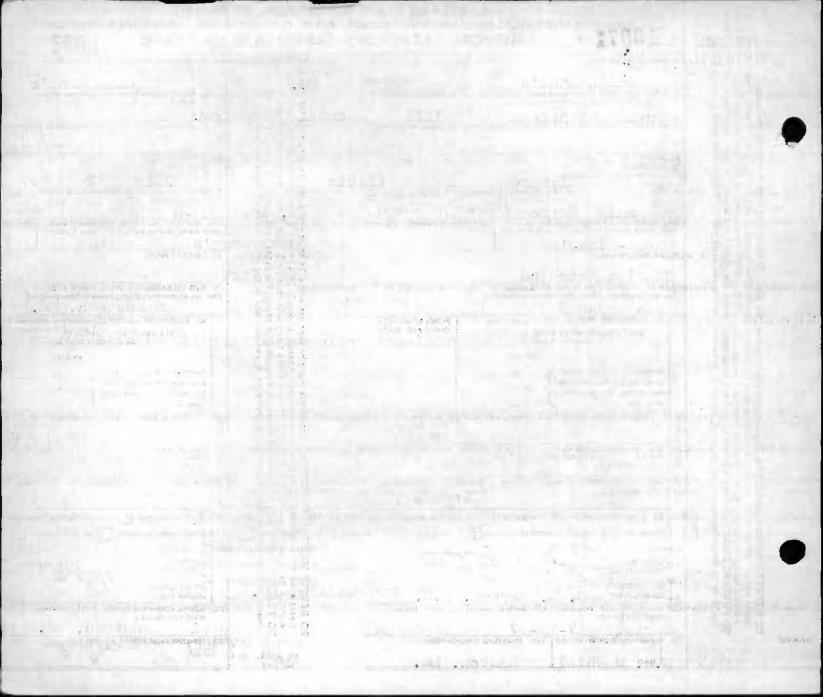
please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pross 1, 2, and 3 to the funeral binarior. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form this? Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death. necessary, IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dealyst

> VR AISME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH 10071 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0073

1. PLACE OF					Institution: Residence before edmission)
		MARYLAND	a. STATE	b. COUN	
b. CITY OR	TOWN (if oulside corporeta limits, URAL and give nearest town)	c. LENGTH OF STAY IN IS	c. CITY OR TOWN	(If outside eorporate limits, write	RURAL and give nearest lown)
		life	rural Oue	oneform	19.1
d. NAME C	Theenstown	it in hospital, give street address)	d. STREET ADDRESS		I e. IS RESIDENCE
					ON A FARM? YES NO
3. NAME OF		Middla	Lasi	4. DATE Month	Day Year
(Type or pri	Richard	Litt	The second secon	DEATH Jul	
D. SEA	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 3	. DATE OF BIRTH	9. AGE (In years last birthday)	
m	ale Negro W	IDOWED DIVORCED	July 23. 1	908 58 yrs.	Months Days Hours Min.
10a. USUAL C	OCCUPATION (Give kind of work tost of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		700	12, CITIZEN OF WHAT COUNTRY?
	-disabled		Organ	Anne's	USA
13. FATHER'S		4	14. MOTHER'S MAIDEN		UDA
Chanl	es Hutchins		Lula L	i++10	
15. WAS DECE	EASED EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
	kown) (If yes g Ivewar or dates of servi		leden (. 1.1	
yes	WW 2	INKNOWN I	ORSEY U	Vi'SON Que	enstown, Md.
	SE OF DEATH Enter only one cau	se per line for (a), (b), and (c).]	•		INTERVAL BETWEEN
PART	I I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arteriosclere	tic cordi	ovescular di	Sease Vears
La	21 7	AL LEL LUBETCH	JULU COLUM	OAGOCOTOR OF	years years
1	DUE TO				
	b it eny, which (b)				
	s the underlying DUE TO				
cause lest.	(c)				
PART	II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a): 19. WAS AUTOPSY
ATI					PERFORMED?
E 20m FXTE	RNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURRED.	18-4 - out of Inform to	Bank a Bank Harry and	YES NO I
PRIMARY I	or CONTRIBUTING	DESCRIBE HOW INJURY OCCURRED.	(curet nature or injury in	ren i or ren ii of Hem 18.	
3 20c. TIME	OF INJURY Month, Day, Year		CE OF INJURY (Home, for		(County) (State)
20c. TIME	r a.m.	While Not While facts	ory, street, office bldg., at	c.)	
21. I ce		ne remains described above, he	d an Autopsy .	Inspection . Inquir	y and in my opinion
	sulted from: Natural cause				, and many opinion
	250	The Accident			anner L
ACTUAL	116	ten	CHIEF MEDICAL	EXAMINER [
SIGNAT		in the	M.D. ASSISTANT MEI	DICAL EXAMINER	DATE SIGNED
EXAMIN NAME (T	ER'S (T. O.T.	on, M.D. Centre		City, town, or county)	7/12/6/
22a. BURIAL, C. REMOVAL	REMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY (SHEET,	22d. LOCATION (City, town,	or county) (State)
Buria		Carmichael		rural trice	nstown. Md.
23. FUNERAL		ADDRESS	24a, RE	C'D BY REGISTRARY 246. / REGI	STRAR'S SIGNATURE
0.17	n 11 11 m	4 253	JUL	17 196/	ares Jung
ــهالمغاـــا	Dashiell Eas	ston, Md.	I DATE	U	<u> </u>



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10071 40000

LUUIX	4					1	0002
. PLACE OF DEAT	Н		2. USUAL RESIDE	NCE (Where deci	eesed Rvad, If Institu	ution: Resider	nce before admissi
a. COUNTY Qu	leen Anne	MARYLAND	o. STATE Man	ryland	b. COUNTY Q	ueen	Anne
	(if outside corporate limits, d give nearqst_jown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	ate limits, write RUR		nearest town)
	ersville		Ru	ral Ch	estertow	m /	7-1
d. NAME OF HOSP	ITAL OR INSTITUTION (if no	t in hospital, give street eddress)	d. STREET ADDRES	5			o. IS RESIDEN
							AEZ NO
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Edna	Earl	Lord	DEATH	July	29	9 19 67
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9.	AGE (In years IF UI		The second secon
Female	White w	IDOWED DIVORCED	April 28,	1909 !	58 yrs. Mor	nths Deys	Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work	106, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co.	unty & Stete, or fo	oreign country) 1	2. CITIZEN	OF WHAT COUNT
Housew	rocking life, aven if retirad)	XX	Tenness	iee		US	SA
3. FATHER'S NAME			14. MOTHER'S MAIDE				
F	Robert Wilse	n	Kat	e Jenni	ings		
	VER IN U.S. ARMED FORCES		NFORMANT		Address		
res, no, or unkown)	(If yeag ive wer or dates of service	No:	rman Lord-	-Chest	ert.own	Md.	Route #
1 18. CAUSE OF	DEATH Tenter only one cau	ise per line for (e), (b), end (c).)			01 00 1111,		TERVAL BETWEEN
	TH WAS CAUSED BY:		- 1' 1	10.7	1' "		NSET AND DEATH
1/201	IMMEDIATE CAUSE (a)	Quelle Co	ncural w	174/4	HON		Tymile
17221	DUE TO	-0					•
Conditions, if en		Climue	- Truy	rearlix	7		
geve rise to immed (a), stating the	DITE TO		7		1		
cause lest.	Underlying (e)		ashull .	Pelin	in		
PART II. OTHE	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPS
		6.	Part				PERFORMED?
PART II, OTHE	VAS UNDERLYING [] 1 20	b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury i	n Pert I or Pert II c	of item 18.)		
OR CONTRIBUTING	G CAUSE OF DEATH	KID					
20c. TIME OF INJ	URY Month, Dey, Year		CE OF INJURY (Home, fa		or town)	(County)	(State)
20c. TIME OF INJ			ory, street, office bldg., e	(c.)			
7	19		1	1-0	0	/ 2	
21. I certify	that (I) (this hospital)	attended the deceased from	71 29	19.47. 10	In 29	., 19 Ce. f	that (I) (we) I
	sed alive on Try.		death occured at		the vauses and	on the d	late stated abo
22a. SIGNATURE	n'it		ATTENDING .	MED.	SMAFF	-1	22b. DATI
	(N) ATZ	Hileally M	.D. PHYS.	DIRECTOR	PAYS.	8/11	1/207
22c. PHYSICIAN'S			22d. ADDRESS			17	1
HAME (Type	"C.H. Metca	lfe	Sudl	ersvill	le, Mary	land	3.00
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY			TION (City, town or		(Stata)
REMBUT TRIT	Aug. 1	Crumpton		Grun	npton. M	arvla	nd
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